

Article on Malaria in Iraq

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WASHINGTON, April 8, 2004 -- It's peak mosquito season in Iraq, and U.S troops deployed in support of Operation Iraqi Freedom are taking steps to protect themselves against malaria.

The high-risk season for malaria in Iraq runs from April 1 through Nov. 1, according to Army Col. Fredric Plotkin, preventive medicine and force health protection officer for U.S. Central Command headquarters at MacDill Air Force Base, Fla. The highest-risk areas are in the northern, eastern and southeastern provinces, Plotkin said. Baghdad and much of western Iraq are malaria-free.

The high-risk period for malaria in Afghanistan runs from March through November, and malaria is a high risk year-round in the Horn of Africa.

Service members in high-risk areas are required to take anti-malarial medication. The type of drug prescribed varies depending on the region, based on the malarial strain present, Plotkin said.

Chloroquine, the drug most commonly prescribed to service members in Iraq, requires only a weekly 500-milligram tablet and has fewer side effects than other anti-malarial drugs, Plotkin said.

Other anti-malarial drugs frequently used by deployed U.S. service members are mefloquine and doxycycline. These drugs generally are used in areas where malaria is resistant to chloroquine or for service members who can't take chloroquine.

Although U.S. Central Command issues general guidelines about how anti-malarial drugs are prescribed, Plotkin said unit surgeons on the ground are authorized to tailor these guidelines based on local conditions.

Use of anti-malarial drugs continues for four extra weeks after the exposure to malaria, Plotkin said, to ensure that malaria parasites are cleared from the blood. In addition, service members take primaquine for two weeks to kill any malaria parasites in the liver, he said, adding that a blood test is required before primaquine is prescribed.

Anti-malarial drugs serve as a second line of defense in the event that other protective measures fail, Plotkin said.

These measures include using an insect repellent containing DEET (diethylmethyltoluamide) on exposed skin, blousing pants into boots, wearing sleeves down, treating uniforms with permethrin and sleeping under a permethrin-treated bed net, he said.

These measures also protect service members against other insect-borne diseases, such as leishmaniasis, for which anti-malarial drugs are not effective, Plotkin said.

According to an Army message issued to the field in November, no cases of malaria have been reported among coalition troops in Iraq, and encountering a strain of malaria that is resistant to chloroquine is considered to be unlikely in Iraq.

Malaria is a major health problem in tropical climates, with an estimated 500 million new cases causing at least 1 million deaths every year. Malaria usually is fatal in only the very old, very young and those with weakened immune systems, officials said.

Symptoms of malaria include a slow-rising fever that lasts several days, followed by shaking chills and rapidly increased temperature. Victims often feel malaise and suffer headache, nausea and profuse sweating. Plotkin said the cycle of chills, fever and sweating typically repeats itself every one to three days.

Plotkin said malarial symptoms may appear long after a service member has redeployed from the affected region. For this reason, he said, service members are counseled to advise their doctors that they served in an area where malaria was present if they develop a flu-like illness within a year or so after redeploying.

Related Site:

[U.S. Central Command \[http://www.centcom.mil/\]](http://www.centcom.mil/)

Additional Guidance on Malaria in Iraq

[CJTF7 Malaria Chemoprophylaxis Instructions, Apr 04](#)

[CJTF-7 Policy on Malaria Prevention, 12 Feb 04](#)

[Executive Summary CJTF-7 OIF-2 Malaria Prophylaxis Policy, 12 Feb 04](#)

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